

#### INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES 550 W. 16<sup>th</sup> STREET, SUITE B Indianapolis, IN 46202-2203 (317) 921- 5500

Patient Information:	
<u>Last*</u> <u>First*</u>	
Name	
Address* County*	Name & Address for Report*
Age* Sex*	_
Attending Physician	-
Address	-
Culture Information:*	Send Report To:*
Source:*	Phone*( )Fax*( )
Date: Isolated:*Submitted:*	<u>Remarks</u>
Suspected Organism*	
□SA □SH □OT	
DO NOT WRITE B	*Required Information
LABORATORY REPORT	
LABORATO	KT KEPOKI
ISDH Lab Number Date Received	Final Report Date By
Preliminary Report Date By	☐ Salmonella serotype
☐ Escherichia coli 0157 (H7 results pending)	Serology:
☐ Presumptive	group antigenic pattern
☐ Identification in Progress	☐ Salmonella ☐ Shigella sonnei
	☐ Shigella
	type
☐ Sent to CDC	☐ Negative for Escherichia coli 0157
	☐ Escherichia coli 0157:H7
	Positive for Shigatoxins
	☐ Negative for Shigatoxins
	Escherichia coli
Copy to ISDH Enider	niology Resource Center

## ENTERIC REFERENCE CULTURE

### **INSTRUCTIONS**

# CULTURE INFORMATION FROM SUBMITTING LABORATORY

Submit an 18-24 hour PURE SINGLE COLONY CULTURE     TRANSFER on a nutrient or infusion agar slant using a     screw cap tube. Avoid using agar containing dextrose.
DO NOT SUBMIT CULTURES IN BROTH OR AGAR PLATES

2. Fill out the request form, front and back, as completely as possible. TYPE OR PRINT LEGIBLY. THE NAME OF THE PATIENT AND COLLECTION DATE IS REQUIRED ON BOTH THE TUBE AND FORM. On the front side check probable identification:

**SA** for Salmonella **SH** for Shigella **OT** for other (E.coli)

- **3.** Pack the culture securely in an approved container to meet the current transportation ( USPS and D.O.T.) regulations for shipping "Category A, Biological Substances". Tighten screw cap.
- **4.** The report will be a photocopy of the front side of this form, and returned to the health care provider whose address is in the space designated "Name and Address for Report".

## BE CERTAIN THAT YOUR ADDRESS IS COMPLETE SO IT IS RETURNED TO THE SPECIFIC SENDER.

A preliminary report will be forwarded only if there are significant preliminary findings or extended identification studies involved. FAX reports are not routinely sent.

A. Identification
B. Serology Results
C. Rapid Method Kit Used YES NO
D. TypeProfile#
E. Gram Stain + - Oxidase + -

Other Information or Comments